



Gilgandra Public School

Safe, Respectful, Learners

Principal

Michael Darcy

Phone: 02 6847 2043 Email: gilgandra-p.school@det.nsw.edu.au

Dear Parents/ Carers,

As it is the beginning of a new school year, we would like to ensure that all our students Asthma and Allergy plans are up to date.

Please indicate on the form below if your child has any of the following and return to school as soon as possible:

- Asthma
- Allergies
- None of the above

If you have indicated that your child has Asthma or Allergies, please follow the directions below:

Asthma

As you have indicated that that your child has Asthma, we require a copy of their Asthma Action Plan as approved by your GP.

In addition, there are two options available.

If you would like the school to keep a reliever puffer on hand, please provide one to the school office labelled with your child's name.

Alternatively, you may sign a form stating that you would like your child to carry their own puffer and that your child is responsible for using their puffer when needed and taking it on excursions outside of school.

Please call the school or call in to discuss which option best suits you and your child.

Allergy

As you have indicated that your child has an allergy/ allergies, could you kindly fill out the attached 'Students with Allergies' form and return to school with this form.

If your child also has a green ascia Allergy Action Plan, could you return a copy of this with the attached form.

Student Name: _____

Signed: _____

Date: _____



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Students with allergies

This form is to be completed by the parent /carer of a student with an allergy and returned to the principal or delegate. The school will complete the first 3 fields. The purpose of collecting this information is to identify students who are at risk of a severe allergic reaction. Information provided on this form will be used to assist the school in determining what action needs to be taken in relation to a student with an allergy and may be disclosed where required by law (for example if an ambulance is called to the school).

Dear _____

You have identified _____ as having an allergy/allergies to _____

Please complete the questions below and return to the principal or delegated executive staff

1. A doctor has diagnosed my child with an allergy to:

Insect/sting bite _____ specify

Medication _____ specify

Latex _____

Other, please specify _____

Food

• Peanuts Yes No

• Tree Nuts.

Please specify: Yes No

• Fish Yes No

• Shellfish Yes No

• Soy Yes No

• Sesame Yes No

• Wheat Yes No

• Milk Yes No

• Egg Yes No

• Other, please specify _____ Yes No

2. My child has been prescribed an adrenaline injector (EpiPen® or Anapen®)

Yes No

3. My child has a red ASCIA Action Plan for Anaphylaxis (please attach this and return the form)

Yes No

4. My child has a green ASCIA Action Plan for Allergic Reactions (please attach this and return with the form)

Yes No

5. My child has an ASCIA Action Plan for Drug (medication) Allergy (please attach this and return the form)

Yes No

Completed by Parent/Carer (please print): _____

Date: / /

Signature: _____